RAMSELL
PUBLIC HEALTH Rx

Eligibility Exception Request Form

Local Health Jurisdiction Code: Date:

ADAP Eligibility Worker: ID Code:

( )

Agency Name: Phone:

( )

Address: Fax:

The ADAP applicant is not eligible for ADAP for the following reason(s):

Please indicate the basis for the applicant's eligibility appeal:

Ramsell Use Only:

Received by: Date Received:

Date Faxed to State OA: Date Returned by State OA:

Patient Federal ID #: Patient D.O.B.:

State Use Only:

Received by: Date Received:

Response: Date Returned to Public Health Rx: